



By-Law 97-5

Professional Competency Standards

for

Hearing Care Professionals

in Australia

and

Requirements for Recognition

of

Specific Competencies

Last Amended 22/11/08, 7/08/2015, 1/07/2016

BY-LAW 97-5

**PROFESSIONAL COMPETENCY STANDARDS FOR HEARING CARE PROFESSIONALS
AND REQUIREMENTS
FOR RECOGNITION OF SPECIFIC COMPETENCIES**

1. NAME

1.1 Long Title

“Professional Competency Standards for Hearing Care Professionals in Australia and the requirements for recognition of specific competencies.”

1.2 Short Title

“Competency Standards.”

2. AUTHORITY

This By-Law is passed in accordance with Article 5.11 of the Constitution of *ACAud*.

3. DEFINITIONS

‘approved’

except where otherwise indicated in the text, means approved by the Board of Directors of *ACAud*.

‘Board of Directors’

means the Board of Directors of *ACAud*.

‘member’

unless otherwise inferred by the context, member refers to a person as defined in Article 3. of the Constitution.

‘Secretariat’

refers to the National Secretariat of *ACAud* and its employees, both paid and voluntary, as may be determined from time to time.

‘Senior Member’

EITHER

until 31 December 2001

refers to either a Fellow who is employed full time in clinical practice and/or research in audiology or an Full Member who is employed full time in clinical practice and/or research in audiology and has done so continuously over the last five years.

OR

after 31 December 2001

refers to either a Fellow or an Full Member of three years standing and who is employed full time in clinical practice and/or research in audiology.

3A Defined terms

- 3A.1 Where a word appears in **bold and underlined print** it is a defined term under article 3 of this By-law.
- 3A.2 This provision is intended as an aid to interpretation only. The absence of bold or underlined print does not necessarily mean that a word is not a defined term.

4. DATE OF EFFECT

This By-Law will take immediate effect.

5. SCOPE OF THIS BY-LAW**5.1 Establishment of Competency Standards**

This By-Law details broad competencies that apply to the profession of audiology. Within those broad competencies it then details specific competencies that are recognised as being applicable to specific areas of clinical practice. These competencies are variously grouped to include those expected of all clinical practitioners, through to those that can only be expected of specialists. It also details the mechanism by which the competencies may be altered.

5.2 Assessment of Competency

This By-Law details the mechanisms that may be used by *ACAud* to assess the competency or competencies of an individual.

5.3 Recognition of Member’s Competencies

This By-Law details the manner in which the competencies of an individual member is acknowledged. The aim is to ensure that the competencies of an individual member are freely and clearly obvious to clients and the public at large.

5.4 Maintenance of Competencies

This By-Law details requirements for continued recognition of competence once obtained. It also details the mechanism by which the requirements may be altered.

5.5 Use of Competency Standards

5.5.1 The standards set out in this By-Law may be used by the Peer Review Committee in the review of a member's conduct.

5.5.2 The standards set out in the By-Law may be used by organisations of individuals other than ACAud and its members, as an indication of what can be expected of members.

6. COMPETENCY STANDARDS

6.1 Map of general competencies in the profession of audiology

The Board of Directors will review general audiological competencies from time to time in consultation with the National Training Authority and undertakes to ensure that competencies meet the ongoing requirements of that agency.

6.3 Categories of specific competencies

Specific competencies are to be grouped into various categories as follows:-

- i) **Restricted Competencies** are those that apply to the performance of hearing services in a narrowly defined area of clinical practice.
- ii) **Basic Competencies** are those that are fundamental to the performance of hearing services in one or more areas of general clinical practice.
- iii) **Extended Competencies** are those that are not considered essential in a general clinical practice, but which apply to the provision of advanced services in a specific area of clinical practice.
- iv) **Specialist Competencies** are those that apply to the performance of Specialist services within clinical practice.

6.4 Variation of the schedule of specific competencies

6.4.1 Subject to paragraph 6.4.3, the Board of Directors may make amendments to the schedule of specific competencies.

6.4.2 Where the Board of Directors considers there may be a need for amendments to the schedule, it may, in accordance with Section 10 of the Constitution, form a terminating committee to investigate this need and to make recommendations. In the normal course of events, it will be good form for the Board of Directors to accept the recommendations of the committee, provided only that those recommendations are not in conflict with the Constitution or any of the By-Laws.

6.4.3 Any amendments to the schedule must conform to the following:-

- i) An amendment must not disadvantage those members who have already commenced a course of study that would have led to attaining a competence under the old schedule. In this case the member may choose to be assessed for competence under the old schedule.
- ii) For the purposes of 6.4.3.i), an Associate Member who has applied for the appointment of a supervisor under paragraph 7.3.1 of By-Law 98-1 (Membership Requirements) will be considered to have commenced a course of instruction.
- iii) For the purposes of 6.4.3.i), an Full Member who has applied for the appointment of a Colleague under paragraph 7.4.1 of By-Law 98-1 (Membership Requirements) will be considered to have commenced a course of instruction.
- iv) Any amendments must be notified to members, either by direct mail out or by publication in an official newsletter, before they come into force.

7 INITIAL ISSUE OF COMPETENCIES

7.1 Introduction

7.1.1 At the time of acceptance of this By-Law, all existing Full Members and Fellows (including those Full Members and Fellows who have lapsed membership due to non-payment of annual subscriptions) will be offered a once only opportunity of having competencies recognised without the need for examination.

7.1.2 The initial issue of competencies will be based on a self assessment system wherein each member will be asked to nominate, in accordance with the guidelines set out below, those competencies that, in their own opinion, they have.

7.1.3 Basic Competencies

Each Full Member and Fellow is entitled to the recognition of one Basic Competency, but may request more than one if that member feels the guidelines are met in each of the competencies requested. In the normal course of events, those members who are employed in a hearing aid clinic will be entitled to Basic Hearing Aid Dispensing or Hearing Rehabilitation Specialist and those who work in a diagnostic clinic will be entitled to Basic Diagnostic Assessment or Diagnostic Rehabilitation Specialist (BDA/DRS). There will be members who routinely perform both diagnostic and hearing aid dispensing services who will be entitled to both basic competencies.

7.1.4 Extended Competencies

- i) Where a member is generally recognised as having a particular competence in a limited area of clinical practice in addition to the normal competencies expected of every fully competent clinical practitioner, that competence is to be recognised. In general terms these members will have at least five years general clinical experience and have also practiced in the limited area for at least two years.
- ii) There may be some members who feel they have an extended competence in an area that has not been covered by the By-Law. These persons should apply to the Board of Directors for recognition of that competence.

7.1.5 Specialist Competencies

Each Fellow is entitled to the recognition of at least one Specialist Competence (including the extended competencies that comprise that speciality). There may be Full Members who consider themselves specialists.

7.2 Process of recognition of competencies

- 7.2.1 Members will be issued with a copy of the By-Law and asked to assess themselves against the standards established by it.
- 7.2.2 Each member will then consider their own perceived competencies against the requirements of Appendix Two (Skills required for recognition of specific competencies used by Hearing Care Professionals in clinical practice) to determine a short list of competencies for which application may be made.
- 7.2.3 Each member will then consider each of the short listed competencies against the requirements of Appendix Five (Schedule of maintenance requirements) to determine a list of those competencies which comply with both appendices.
- 7.2.4 Each member will then advise the Secretariat of the list of competencies.
- 7.2.5 The Secretariat will then issue the appropriate competency certificate in accordance with Section 10.

7.3 Fees

No fees will be charged for this initial issue of competencies, provided only that any lapsed member will be required to pay any overdue membership fees.

7.4 Appeals

There will be no right of any member to appeal against the initial issue of competencies to another member other than the normal applications that can be made to the Peer Review Committee.

7.5 Time Limit

The offer of the initial issue of competencies will expire one calendar month after the request for members to consider their competence is made under paragraph 7.2.1. Any member who has not advised the Secretariat as required by paragraph 7.2.4, will lose the right to the initial free issue and will need to apply to the Secretariat in the normal way as detailed in Section 8.

8 ASSESSMENT OF COMPETENCIES

8.1 Restricted Competencies

- 8.1.1 Any person may apply for examination of Restricted Competencies. This is to be in writing to the Secretariat. The Secretariat will appoint an examiner from among Senior Members of *ACAud* or a like professional body. The examiner will then assess the applicant in accordance with paragraph 8.1.2.
- 8.1.2 An examiner will assess the applicant against the standards set in the Schedule of Competencies for the Restricted Competency requested and return a grade to the Secretariat which is either 'Competent' or 'Not Yet Competent'.
- 8.1.3 The Secretariat will advise the applicant of the outcome and where the examination was found to be competent, take appropriate action to recognise the competency.
- 8.1.4 Appeals
- (a) Where a person:
 - (i) has been examined in a Competency;
 - (ii) has been deemed to have been not yet competent at that examination under Article 8.1.2;
 - (iii) has made an application in writing to the Secretariat not more than one calendar month from the date of notification of their examination outcome, requesting to be re-examined on appeal; and
 - (iv) can establish to the satisfaction of the Board of Directors that their examination outcome resulted from a genuine fault or breakdown in the examination process;that person will be admitted to re-examination on appeal.
 - (b) In this case the Board of Directors will appoint a further two examiners from amongst the Fellows.
 - (c) Each examiner will assess the appellant in accordance with paragraph 8.1.2.
 - (d) If each examiner returns a 'Competent' grade, the appellant will be deemed to be competent. In all other cases the appellant will be deemed not yet competent.
 - (e) A successful appellant will have any appeal fee refunded.
- 8.1.5 A person who has been deemed not yet competent at an examination in a Restricted Competency may not reapply for examination for a period of three (3) months from the date of advice of the examination result.

8.2 Basic Competencies

- 8.2.1 Once supervision levels one and two have been completed (or within 2 weeks of completion of level two), an application may be made to sit the mid-term exam. If the mid term exam is passed, the applicant may then proceed to Level 3 supervision (offsite supervision).
- 8.2.2 The Secretariat will appoint three examiners from among Senior Members of *ACAud* or a like professional body as examiners at the panel exam.
- 8.2.3 Where an applicant has a supervisor appointed under 7.3.1 of By-Law 98-1 (Membership Requirements), that supervisor may not be appointed as an examiner.

8.2.4 Each examiner will independently assess the applicant against the standards set in the Schedule of Competencies for the Basic Competency requested and return a grade to the Secretariat which is either 'Competent' or 'Not Yet Competent'. A minimum of 2 of the 3 examiners must return a 'Competent' grade for the applicant to be deemed to have passed the examination.

8.2.5 Outcome of examination

- i) If each examiner returns a 'Competent' grade, the applicant will be deemed to be found competent at the examination.
- ii) If two examiners return a 'Competent' grade, the applicant will be required to submit a further piece of evidence in the area of concern for assessment that may or may not result in a 'Competent' grade
- iii) If less than two examiners return a 'Competent' grade the applicant will be deemed to have been found not yet competent at the examination.

8.2.6 The Secretariat will advise the applicant of the outcome and where the examinee was found to be competent, take appropriate action to recognise the competency.

8.2.6 Appeals

(a) Where a person:-

- (i) has been examined in a Basic Competency;
- (ii) has been deemed to have been not yet competent at that examination under Article 8.2.4;
- (iii) has made an application in writing to the Secretariat not more than one calendar month from the date of notification of their examination outcome, requesting to be re-examined on appeal; and
- (iv) can establish to the satisfaction of the Board of Directors that their examination outcome resulted from a genuine fault or breakdown in the examination process;

that person will be admitted to re-examination on appeal.

- (b) In this case the Board of Directors will appoint a further two examiners from amongst the Fellows.
- (c) Each examiner will assess the appellant in accordance with paragraph 8.2.3.
- (d) If each examiner returns a 'Competent' grade, the appellant will be deemed to be competent. In all other cases the appellant will be deemed not yet competent.
- (e) A successful appellant will have any appeal fee refunded.

8.2.7

- (a) A person who has been found not yet competent at an examination in a Basic Competency on the first occasion may not reapply for examination in that competency for a period of three (3) months from the date of advice of the 'not yet competent' result.
- (b) A person who has been deemed not yet competent at an examination in a Basic Competency on the second occasion must revert to level two of the supervision table, may not reapply for examination in that competency for a period of three (3) months from the date of advice of the examination result and must re-sit the

examination in that competency within a period of twelve (12) months. Notice of this examination result will be advised to the Supervisor/s and, where appropriate, the supervisor to demonstrate to the satisfaction of the Board of Directors appropriate action to remedy areas of weakness.

- (c) In the case of a person who has reapplied for examination in a Basic Competency for the third time, this person must go to Special Exam and the Executive will appoint one examiner from amongst the Fellows and the Secretariat will appoint one Examiner from amongst the Senior Members of *ACAud* or a like professional body.

A person who has been deemed not yet competent at an examination in a Basic Competency on the third occasion must remain under supervision at level two for the full supervision period. Notice of this result may be advised to the Supervisor/s and, where appropriate, the Office of Hearing Services.

- (d) A person who has been deemed not yet competent at an examination in a Basic Competency on the fourth occasion will not be admitted to further examinations in a Basic Competency.

8.3 Extended Competencies

8.3.1 Any person may apply for examination of an Extended Competency. This is to be in writing to the Secretariat. The Secretariat will appoint two examiners from among Senior Members of *ACAud* or a like professional body.

8.3.2 Each examiner will independently assess the applicant against the standards set in the Schedule of Competencies for the Extended Competency requested and return a grade to the Secretariat which is either 'Competent' or 'Not Yet Competent'.

8.3.3 Outcome of examination

- i) If each examiner returns a 'Competent' grade the applicant will be deemed "Competent". In all other cases the applicant will be deemed "Not Yet Competent".

8.3.4 The Secretariat will advise the applicant of the outcome and where the examination result was 'Competent', take appropriate action to recognise the competency.

8.3.5 Appeals

(a) Where a person:

- (v) has been examined in an Extended Competency;
- (vi) has been deemed to have been not yet competent at that examination under Article 8.3.3;
- (vii) has made an application in writing to the Secretariat not more than one calendar month from the date of notification of their examination outcome, requesting to be re-examined on appeal; and
- (viii) can establish to the satisfaction of the Board of Directors that their examination outcome resulted from a genuine fault or breakdown in the examination process;
- that person will be admitted to re-examination on appeal.

(b) In this case the Board of Directors will appoint a further two examiners from amongst the Fellows.

(c) Each examiner will assess the appellant in accordance with paragraph 8.3.2.

(d) If each examiner returns a 'Competent' grade, the appellant will be deemed have competent. In all other cases the appellant will be deemed not yet competent.

(e) A successful appellant will have any appeal fee refunded.

8.3.6 A person who has been deemed not yet competent at an examination in an Extended Competency may not reapply for examination for a period of twelve (12) months from the date of advice of the examination result.

8.6 Fees

8.6.1 Fees shall be charged to sit an examination, to lodge an appeal or apply for exemption from examination. These will be determined in accordance with Article 5.6.2 of the Constitution.

8.6.2 Fees are required to accompany any application and any application shall not be processed until such time as any fees are paid.

8.6.3 If an applicant feels there is just cause, he or she may apply, in writing, to the Board of Directors for the fee to be waived or reduced. The Board of Directors will consider the appeal and may at its discretion choose to waive or reduce a fee. The Board of Directors is not required to give a reason for its decision.

8.6.4 The Board of Directors may without notice and from time to time, alter the Schedule of Fees.

8.7 Remuneration of Examiners

8.7.1 Examiners are to be reimbursed for all reasonable costs associated with the performance of their duties.

8.7.2 In addition to reimbursement of costs under 8.7.1, examiners are to receive a gratuity as may be determined from time to time by the Board of Directors.

9 MAINTENANCE OF COMPETENCIES

9.1 Schedule of Maintenance Requirements

ACAud adopts the requirements for maintenance of competencies as detailed in Appendix 2 (Schedule of Maintenance Requirements).

9.2 Compliance with the requirements

9.2.1 All persons who are recognised as holding competencies must comply with the maintenance requirements.

9.2.2 Where a person fails to comply with the requirements, the competency will lapse.

9.2.3 Requirements for reinstatement of lapsed competencies are detailed in the appendix.

9.3 Members with lapsed competencies may have status altered

- 9.3.1 Whenever a Full Member or a Fellow no longer holds a current Basic Competency, that member will have their membership status altered to Associate Member until such time as at least one Basic Competency is regained.
- 9.3.2 Whenever a member who has been recognised as a specialist has any one of the competencies required for the speciality lapse, the member will lose the right to the title of 'Specialist' until such time as all the required competencies have been regained.

9.4 Variation of Maintenance Requirements

- 9.4.1 Subject to paragraph 9.4.3, the Board of Directors may make amendments to the Schedule of Maintenance Requirements.
- 9.4.2 Where the Board of Directors considers there may be a need for amendments to the Maintenance Requirements, it may, in accordance with Section 10 of the Constitution, form a terminating committee to investigate this need and to make recommendations. In the normal course of events, it will be good form for the Board of Directors to accept the recommendations of the committee, provided only that those recommendations are not in conflict with the Constitution or any of the By-Laws.
- 9.4.3 Any amendment to the schedule must conform to the following:-
- i) All amendments that will require members to commit themselves to further education will be required to have a lead time of a minimum of twelve months. During the lead time both the old and the new requirements will exist side by side and a member, who was a member at the time of introduction of the new requirements may elect to comply with either.
 - ii) Any amendments will be notified to members, either by direct mail out or by publication in an official newsletter, before they come into force.

10 RECOGNITION OF COMPETENCIES

10.1 Certificates of recognition

10.1.1 Restricted Competency Certificate

- i) Any person who holds a specific competency will receive a certificate to that effect.
- ii) Subject to meeting the maintenance requirements for the specific competency and to the payment of annual subscriptions, this certificate will be renewed annually.

10.1.2 General Competency Certificate

- i) All Full Members and Fellows will receive a certificate that indicates each of the competencies held.
- ii) When an Full Member of a Fellow attains a new basic or extended competency, a new certificate will be issued.
- iii) Subject to meeting the maintenance requirements and to the payment of annual subscriptions, the certificate will be renewed annually.

- 10.1.4 Certificates remain the property of *ACAud* and are to be surrendered on request.

10.2 Advertising

10.2.1 Extended Competencies

A member who holds one or more current Extended Competency may advertise as having a 'special interest' in that area/s of hearing services.

10.2.2 False advertising

A member who falsely advertises as having a 'special interest' in one of the areas of extended competency, or who advertises as being a 'Specialist' in one of the areas of speciality, or who makes similar claims, will be guilty of a breach of ethics & code of conduct.~~~~~

APPENDIX ONE

SKILLS REQUIRED FOR RECOGNITION OF SPECIFIC COMPETENCIES USED BY HEARING CARE PROFESSIONALS IN CLINICAL PRACTICE

Adopted 23/03/98

Amended 30/11/98, 02/06/99, 04/11/99, 25/01/00, 1/11/00, 18/3/05, 7/08/2015, 5/08/2019

INTRODUCTION

PURPOSE OF DOCUMENT

This document may be used by educators as a guide for the development of training packages for the education of hearing care professionals.

It may also be used by hearing care professionals to identify areas of practice in which they may be interested to develop their own expertise and thereby expand their range of competence.

It may be used by interested persons as a yardstick to gauge the range and interests of a particular professional.

It may be used as a yardstick for review of the professional conduct of an individual practitioner.

USE OF THE DOCUMENT

This document is divided into a number of groups corresponding to the broad levels of competencies based on the depth and detail of knowledge required to be considered competent.

LEVEL A

A Level A competency refers to the performance of tasks in a clearly defined narrow area of audiology. The skills required are limited to the performance of screening tasks in hearing conservation programs or mass hearing loss identification programs. Level A competencies will be internally referred to as Restricted Competencies.

LEVEL B

A Level B competency refers to the performance of tasks that are generally performed by fully qualified practitioners in the field of clinical audiology. In broad terms the field can be divided into two areas, that of diagnostics and rehabilitation. There are some skills that are common to both areas and some specific to one or the other. A practitioner may be qualified in either or both areas. Level B competencies will be internally referred to as Basic Competencies.

LEVEL C

A Level C competency refers to the performance of tasks that are performed by fully qualified practitioners in specific areas of clinical practice that are not performed as part of general diagnostic or rehabilitative practice. The performance of these tasks requires specific skills in addition to that required for basic competency. Level C competencies will be internally referred to as Extended Competencies.

DEFINITIONS**COMPETENCY**

Ability to perform activities within an occupation or function to the standard expected in employment.

SKILL SET

A unit of a competency consisting of a series of related elements that together forms an identifiable sub-section within a competency.

SKILL

An element of a unit of competency that is observable in the workplace; describing the lowest logical identifiable and discrete grouping of actions and knowledge which contributes to and build a unit.

PERFORMANCE CRITERIA

A set of statements against which performance can be measured and which specify the required level of performance.

LEGEND

Competencies Levels are shown as:- **COMPETENCY LEVEL**

Competencies are shown as:- **COMPETENCY**

Skill Sets are shown as:- **SKILL SET**

Skills are shown as:- **Skill**

Performance Criteria are shown in normal type.

LEVEL A - RESTRICTED COMPETENCIES**PART A - CHILDREN'S SCREENING**

This competency will apply to those persons who conduct routine screening hearing tests for the monitoring of hearing health in children.

PREREQUISITE COMPETENCIES

None

1. THEORY

- i) demonstrate a general knowledge of hearing loss, its types and its effects.
- ii) demonstrate a general knowledge of the auditory process.

2. CLIENT CONTACT

- i) develop appropriate rapport with child.
- ii) develop appropriate rapport with child's parents.
- iii) explain assessment process.
- iv) explain outcome of assessment to parents.

3. CLIENT ASSESSMENT

- i) perform pure tone air screening assessment.
- ii) perform screening impedance audiometry.

4. CLIENT TREATMENT

No requirements.

5. CLIENT REFERRAL

Where a child fails a screening assessment, refer to an appropriate agency for detailed assessment and/or treatment.

6. PROFESSIONAL CONTACT

No requirements.

PART B - INDUSTRIAL SCREENING

Persons who hold a Restricted Competency in Industrial Screening are persons who conduct routine screening hearing tests for individuals who are employed in industry or other employment that might give rise to hearing loss.

1. PREREQUISITE REQUIREMENTS

None

2. THEORY

- i) demonstrate a general knowledge of hearing loss, its types and its effects.
- ii) demonstrate a working knowledge of the causes and identification of Temporary Threshold Shift and Permanent Threshold Shift.
- iii) demonstrate a general knowledge of the hearing process.
- iv) demonstrate a working knowledge of the test environment suitable for conducting screening hearing tests.
- v) demonstrate a working knowledge of the test environment required to conduct threshold hearing tests.
- vi) demonstrate a working understanding of the situations in which a screening test or a threshold assessment need to be performed.

3. CLIENT CONTACT

- i) develop appropriate rapport with the client.
- ii) briefly explain the assessment process.
- iii) briefly explain the outcome of the assessment.

4. CLIENT ASSESSMENT

- i) perform pure tone air screening assessment.
- ii) perform a pure tone air threshold assessment.
- iii) perform a simple otoscopic examination to identify excessive cerumen or collapsed canals.
- iv) demonstrate an ability to recognise a client who is not giving true thresholds and take appropriate steps to maximise test accuracy.
- v) demonstrate an ability to recognise when a client needs to be retested due to a question of test reliability.

5. CLIENT TREATMENT

No requirements.

6. CLIENT REFERRAL

Where a client fails a screening assessment, refer to an appropriate agency for detailed assessment and/or treatment.

7. PROFESSIONAL CONTACT

Write appropriate reports and maintain adequate client records.

LEVEL B - BASIC COMPETENCIES**PART A. Hearing Rehabilitation Specialist (HRS)****1. CONDUCT ASSESSMENT** *(includes but is not limited to)***1.1 Apply foundation principle**

- i) Demonstrate understanding of acoustics
- ii) Demonstrate understanding of Psychoacoustics
- iii) Demonstrate understanding of anatomy of the auditory system
- iv) Demonstrate understanding of Physiology of the auditory system
- v) Demonstrate understanding of Pathology of the auditory system

1.2 Apply otoscopic inspection protocol

- i) Employ safety procedures
- ii) Identify anatomical structures of the external ear
- iii) Identify any abnormalities
- iv) Use referral criteria to determine contraindications to further treatment

1.3 Utilize audiometric testing protocol

- i) Describe the physical environment required to perform audiometric assessment
- ii) Determine that all equipment is calibrated and in proper working order
- iii) Perform pure tone air and bone conduction testing
- iv) Perform speech audiometry
- v) Perform effective masking
- vi) Perform immittance testing, including acoustic reflex testing

2. INTERPRET AND APPLY ASSESSMENT RESULTS WITH A VIEW TO REHABILITATION *(includes but is not limited to)***2.1 Interpret and explain audiometric results**

- i) Demonstrate an understanding of referral criteria
- ii) Interpret pure tone and speech testing results
- iii) Identify the need for additional testing
- iv) Identify the degree, configuration and type of hearing loss
- v) Correlate all test data for accuracy and consistency

2.2 Implement aural rehabilitation and counselling

- i) Utilise effective communication techniques using a person/family centred approach
- ii) Demonstrate an understanding of the psychology of the hearing impaired
- iii) Manage client and family expectations for improved communication
- iv) Identify communication strategies

2.3 Determine candidacy and recommendation of amplification

- i) Conduct and interpret the medical case history and identify contraindications of hearing device use
- ii) Conduct communication needs assessment
- iii) Determine motivation and attitude of client and their family to treatment
- iv) Determine treatment plan including any hearing devices if indicated, including accessories

3. SELECT HEARING AIDS *(includes but is not limited to)***3.1 Select style and type of hearing devices**

- i) Select hearing devices based on test results, communication assessment and client's individual preferences and lifestyle needs
- ii) Select electroacoustic and physical features in line with hearing test data and client's physical and cosmetic considerations
- iii) Select performance features in line with clients communication needs

3.2 Select Earmould or other acoustic coupling

- i) Assess physical properties of the outer ear
- ii) Take ear impressions employing safety procedures
- iii) Determine quality of ear impressions
- iv) Select coupling and acoustic requirements based on client's needs

4. FIT AND EVALUATE HEARING DEVICES *(includes but is not limited to)***4.1 Fit hearing devices**

- i) Confirm physical and acoustic integrity of hearing devices
- ii) Program and adjust hearing devices using a recognised fitting prescription
- iii) Verify physical and acoustic comfort and fit
- iv) Educate client and family about hearing devices and accessories or assistive devices
- v) Assess client's ability to manage devices

4.2 Verify fitting

- i) Employ a recognised verification method using real ear data where possible
- ii) Assess physical and acoustic performance of hearing devices

- iii) Interpret and explain verification results
- iv) Modify physical and acoustic parameters of device and coupling for optimal benefit

4.3 Validate fitting

- i) Select and perform validation method based on client
- ii) Measure outcomes of captured communication needs
- iii) Interpret validation results and determine strategies and tactics for the client and family to obtain optimal benefit

4.4 Interpret electroacoustic analysis results

- i) Identify need for electroacoustic analysis of hearing devices
- ii) Compare electroacoustic analysis of hearing devices to manufacturers fitting specifications

4.5 Apply device maintenance and troubleshooting protocol

- i) Employ hearing device cleaning procedures
- ii) Perform listening checks on hearing devices
- iii) Determine need for maintenance and repair of device
- iv) Troubleshoot acoustic and electroacoustic properties of hearing device
- v) Adjust hearing devices based on changes in client's hearing loss and/or listening needs

5. PROFESSIONAL WORK PRACTICES *(includes but is not limited to)*

5.1 Apply infection control protocol

- i) Choose appropriate infection control processes for tools and equipment
- ii) Observe universal precautions for infection control
- iii) Differentiate between sanitization, disinfection and sterilisation processes
- iv) Identify and use personal protective equipment

5.2 Apply legal and ethical considerations

- i) Practice in accordance with state, territory and national laws and regulations
- ii) Practice in accordance with professional codes of conduct
- iii) Practice within personal scope of practice

5.3 Manage client records and professional relationships

- i) Store and manage client records in accordance with state, territory and national laws
- ii) Share and report client record data with third parties in accordance with Privacy and Freedom of Information laws and regulations
- iii) Develop, conduct and maintain professional relationships

PART B – Diagnostic Rehabilitation Specialist (DRS)

Persons who hold a competence in Advanced Diagnostic Assessment are experienced clinicians or researchers who, in addition to being experienced in site of lesion assessment, are also able to perform and interpret at least one of the following:-

- assessment of neuro-electrical function (including Auditory Brainstem Response Audiometry, Middle Latency Response, Cortical Response and Electrocochleography).
- assessment of vestibular function.
- assessment of central auditory processing function.

1. PREREQUISITE REQUIREMENTS

Proven competence in HRS

2. THEORY**2.1 Assessment conditions**

demonstrate a comprehensive knowledge of the physical environment required for optimal assessment of hearing function, including the conditions required for neuro-electrical assessment, vestibular function assessment and central auditory processing assessment.

2.2 Function of the auditory system

- i) demonstrate a comprehensive understanding of the principles of operation of each of the components of the peripheral auditory system.
- ii) demonstrate a working knowledge of the neural pathway of the auditory system.
- iii) demonstrate a comprehensive knowledge of the common physical abnormalities of the peripheral auditory system.
- iv) demonstrate a knowledge of the ways in which the peripheral auditory system can be damaged, including the effects of drugs, noise, physical trauma, tumours, medical conditions and ageing.

2.3 Anatomy of the ear

- i) demonstrate a comprehensive knowledge of the anatomy of the peripheral auditory system.
- ii) demonstrate a working knowledge of the neural pathways associated with the ear.

2.4 Assessment

- i) demonstrate a knowledge of the theory and application of each of the assessment procedures including pure tone audiometry, simple speech audiometry, impedance audiometry, weber, rhine, ABLB, tone decay, SISI and stapedius reflex tone decay, ABR, MLR, Cortical Response, ECoChG, CAP assessment and ENG.
- ii) demonstrate a working knowledge of the application and availability of non-audiological medical investigations of the auditory system.

3. CLIENT CONTACT

3.1 Rapport with client

demonstrate an ability to establish appropriate rapport with a difficult or distressed client and the client's family.

3.2 Determine course of action

- i) demonstrate an ability to formulate an appropriate course of action for the assessment of a complex case.
- ii) demonstrate an ability to explain a proposed course of action and obtain the necessary informed consent from the client and the referring clinician (if applicable).

3.3 Explain procedure to client

- i) demonstrate an ability to clearly and accurately explain to a client the results of a complex assessment and the expected effect of hearing disorder detected.
- ii) demonstrate an ability to ensure that a client has appropriately understood information that has been given him.

4. CLIENT ASSESSMENT

Demonstrate an ability to perform at least one of the following:-

- assessment of neuro-electrical function (including Auditory Brainstem Response Audiometry, Middle Latency Response, Cortical Response and Electrocochleography).
- assessment of vestibular function.
- assessment of central auditory processing function.

5. CLIENT TREATMENT

No requirements.

6. CLIENT REFERRAL

6.1 Referral procedures

- i) Have a comprehensive knowledge of inter-professional referral procedures.
- ii) Have a comprehensive knowledge of intra-professional referral procedures.

6.2 Referral etiquette, ethics & code of conduct

Agree to abide by the relevant codes of conduct and etiquette as determined from time to time by the Association.

ADVANCED REHABILITATION

Persons who hold a competency in Advanced Rehabilitation are clinicians or researchers who, in addition to being competent in the routine fitting of hearing aids, are able to fit hearing aids to persons who have a hearing loss requiring complex or unusual amplification (such as a person with a severe or profound hearing loss, a loss of unusual configuration) and/or very poor speech discrimination or a loss requiring complex aural rehabilitation AND are also able to offer services in at least one of the following areas:-

- Cochlear Implant, pre-implant assessment and post implant calibration
- Vibro-tactile Aids, provision and training
- Assistive Listening Devices, provision and training
- Hearing aid fitting for persons with multiple disabilities

1. PREREQUISITE REQUIREMENTS

1.1 Basic Hearing Aid Dispensing Competency/Hearing Rehabilitation Specialist

Must have held Basic Hearing Aid Dispensing Competency for at least two years.

1.2 Basic Diagnostic Assessment Competency/Diagnostic Rehabilitation Specialist

Must hold Basic Diagnostic Assessment Competency.

2. THEORY

2.1 Causes of hearing loss

Demonstrate a comprehensive knowledge of the causes of severe and profound hearing loss.

2.2 Effects of deafness

- i) demonstrate a comprehensive knowledge of the psychological effects of deafness on clients.
- ii) demonstrate an understanding of the needs of severely/profoundly hearing impaired clients.
- iii) demonstrate a comprehensive knowledge of the psychological effects of deafness on the family of clients.

2.3 Hearing aid prescription systems

- i) demonstrate the ability to contrast and compare the major recognised hearing aid prescription systems.
- ii) demonstrate a comprehensive knowledge of the principles, objectives, parameters and limitations of at least one major recognised hearing aid prescription system.

- iii) demonstrate an understanding of the special requirements of severely and profoundly deaf clients and how this might affect the selection and prescription of hearing aids for these persons.

2.4 Knowledge of hearing aids

- i) demonstrate a comprehensive knowledge of the major hearing aid manufacturing and distributing companies in Australia.
- ii) demonstrate a comprehensive knowledge of the range of hearing aids available in Australia.
- iii) demonstrate a comprehensive knowledge of the available hearing aid technologies.
- iv) demonstrate a detailed knowledge of high powered hearing aids.
- v) demonstrate a detailed knowledge of hearing aids suitable for hearing losses of unusual configuration.
- vi) demonstrate the ability to contrast and compare the various attributes of various hearing aids available from each of the major hearing aid manufacturing and distributing companies in Australia.

2.5 Knowledge of alternative aids

- i) demonstrate an understanding of the principles underpinning the cochlear implant.
- ii) demonstrate an understanding of the principles underpinning the vibro-tactile aid.
- iii) demonstrate an understanding of the range and application of assistive listening devices.

2.6 Elective field of knowledge

Demonstrate a comprehensive knowledge in at least one of the following fields:-

2.6.1 Cochlear Implants

- i) the use and application of cochlear implants.
- ii) the development of the cochlear implant.
- iii) the principal manufacturers of cochlear implants.

2.6.3 Assistive Listening Devices

- i) the use and application of assistive listening devices.
- ii) the principal manufacturers of assistive listening devices.

2.6.4 Management of multiply disabled persons

The theory of care and management of multiply disabled hearing impaired persons.

3. CLIENT CONTACT

3.1 Rapport with client

- i) demonstrate an ability to develop an appropriate rapport with a client, with particular emphasis on clients who may be distressed or nervous.
- ii) demonstrate an ability to clearly outline the range of specialist services available through the practice.

3.2 Take case history

- i) gather a detailed history of the case.
- ii) build up a clear picture of the factors pertinent to the case.

3.3 Use of effective communication strategies

- i) use appropriate communications techniques when dealing with a person with a severe communication difficulty.
- ii) have a working knowledge of and an ability to use manual communication techniques (deaf sign).
- iii) use appropriate techniques to ensure that information imparted has been understood.

3.4 Explain outcome of investigations

- i) explain the results of investigations to the client and to the family.
- ii) detail the implications of a severe hearing impairment making particular reference to its effects, both good and bad, on the lifestyle of the client to the client and the family.

3.5 Determine a course of action

- i) using the information available detail, in writing, the options available to the client.
- ii) discuss, explain and contrast the options with the client and the family.
- iii) determine, with the consent of the client where appropriate, a course of action.

4. CLIENT ASSESSMENT

4.1 Test battery for severe profound hearing loss

- i) giving appropriate consideration to client history and expressed client wishes, determine a range of tests suitable to enable the selection and prescription of hearing aids for a complex hearing disorder.
- ii) explain the processes and procedures to the client and the family.
- iii) perform the selected test procedures.
- iv) demonstrate a comprehensive understanding of the outcome of the results including the need for further assessment or referral.

4.2 Assessment for suitability of alternative aids

Demonstrate an ability to perform a general evaluation of a client's needs to enable an informed selection of hearing aids, cochlear implants, vibro-tactile aids, assistive listening devices or a combination of these devices.

4.3 Elective field of knowledge

Demonstrate an ability to perform at least one of the following:-

4.3.1 Cochlear Implants

a comprehensive pre-implantation evaluation up of a potential cochlear implant client

4.3.2 Assistive Listening Devices

a comprehensive evaluation of the suitability of assistive listening devices for a client.

4.3.3 Management of multiply disabled persons

an evaluation of hearing aid suitability for a multiply disabled client, including one with a severe intellectual impairment and one with a severe behavioural disorder.

5. CLIENT TREATMENT**5.1 Hearing aids**

- i) using a recognised technique for the fitting of hearing aids for a profoundly deaf client, prescribe hearing aids.
- ii) if modifications to a recognised technique are employed in the prescription of hearing aids for a profoundly deaf person, justify the modifications.
- iii) select appropriate moulds and plumbing for the fitting of hearing aids for a profoundly deaf person.
- iv) demonstrate an ability to fit hearing aids for a profoundly deaf person.
- v) demonstrate an ability to confirm that a fitting is optimal for a profoundly deaf person.

5.2 Client counselling

- i) demonstrate an ability to appropriately counsel a client on the expected benefits and limitations of the fitted assistive device.
- ii) develop a follow up program that is appropriate to the needs of the client.

5.3 Family counselling

- i) demonstrate an ability to appropriately counsel a family on the effects of severe/profound hearing loss.
- ii) demonstrate an ability to appropriately counsel a family on the effects of poor speech discrimination.
- iii) demonstrate an ability to develop and implement an appropriate support program for the family of a person requiring special assistance with hearing aids or auditory rehabilitation.

5.4 Elective field of knowledge

Demonstrate a comprehensive practical knowledge in at least one of the following fields:-

5.4.1 Cochlear Implants

cochlear implant management, including all aspects of post switch-on mapping and client training.

5.4.3 Assistive Listening Devices

the selection, fitting and usage of assistive listening devices.

5.4.4 Management of multiply disabled persons

the selection, fitting and usage of hearing aids for persons with multiple disabilities.

6. CLIENT REFERRAL**6.1 Identify the need for referral**

- i) demonstrate an understanding of the limitations of own abilities and the need for appropriate referral to other sources of assessment and treatment.
- ii) identify those times when other facilities and/or equipment may be required.
- iii) discuss the need for referral with the client and the family.
- iv) explain the referral process with the client and the family.

6.2 Identify appropriate resource

- i) demonstrate a comprehensive knowledge of appropriate agencies and individuals who might supplement the services able to be offered the client and/or the family.
- ii) demonstrate a knowledge of the appropriate referral mechanisms.

6.3 Liaise with resource

- i) develop an appropriate relationship with the resource.
- ii) provide, with the consent of the client, appropriate information to the resource.
- iii) establish a mechanism to allow, where appropriate, co-management of the case with the resource.

6.4 Monitor and follow up referral

- i) maintain a channel of communication with client.
- ii) review outcomes of referral with the client and the family.
- iii) identify the need for further assessment or other referral.

7. PROFESSIONAL CONTACT**7.1 Report writing**

- i) write comprehensive reports, appropriately worded for the level of knowledge of the intended recipient. Wherever appropriate reports should be written in a manner to enhance the knowledge of the recipient.
- ii) make appropriate recommendations for further assessment or treatment.

LEVEL C - EXTENDED COMPETENCIES**PART A - CONSULTANT CLINICIAN**

Persons who hold a competency as a Consultant Clinician are practitioners who have extensive experience in clinical practice and who are able to offer comprehensive advice either to other hearing care practitioners or members of the public, on matters concerning the care and management of hearing disorders. These persons, in addition to their normal clinical practice, might commonly be called upon to supervise junior practitioners or to examine a practitioner in a competency.

1. PREREQUISITE REQUIREMENTS**1.1 Employment**

Must have been employed as a clinician for a minimum of five years.

1.2 Basic (Assessment and Hearing Aid Dispensing) or HRS**a) (Prior to 1 July 2003)**

Must have held a BHA or HRS competency since July 1998.

b) (From 1 July 2003)

Must have held a BDA or DRS competency for at least five years.

2. THEORY**2.1 Assessment conditions**

- i) demonstrate a knowledge of the ways in which the test environment can influence and corrupt test results.
- ii) demonstrate a knowledge of the ways in which a test environment can be assessed to determine its suitability for audiological assessment.
- iii) demonstrate a knowledge of the ways in which a test environment might be improved to make it more suitable for audiological assessment.

2.2 Function of the auditory system

- i) demonstrate a comprehensive understanding of the principles of operation of each of the components of the peripheral auditory system.

- ii) demonstrate a working knowledge of the neural pathway of the auditory system.
- iii) demonstrate a comprehensive knowledge of the common physical abnormalities of the peripheral auditory system.
- iv) demonstrate a knowledge of the ways in which the peripheral auditory system can be damaged, including the effects of drugs, noise, physical trauma, tumours, medical conditions and ageing.

2.3 Assessment

- i) demonstrate a knowledge of the theory and application of each of the assessment procedures including pure tone audiometry, simple speech audiometry, impedance audiometry, weber, rhine, ABLB, tone decay, SISI and stapedius reflex tone decay.
- ii) demonstrate a working knowledge of the range, application and availability of advanced assessment procedures (eg ABR, ECoChG, ENG, CT Scan, MRI)
- iii) demonstrate a knowledge of the types of voice and speech patterns and/or disorders that can be expected as a result of hearing loss.

2.4 Rehabilitation

- i) demonstrate a working knowledge of the expected effects of hearing disorder and the limitations it may impose on the life of a client and his family.
- ii) demonstrate a knowledge and understanding of at least three recognised prescription techniques, (eg NAL R, Fig 6, POGO).
- iii) demonstrate an ability to compare and contrast at least three recognised prescription techniques.
- iv) demonstrate a working knowledge of the latest computer fitting software of at least three major companies, including their operation and validation techniques.
- v) demonstrate a comprehensive knowledge of the range of hearing aids of at least three hearing aid manufacturers.
- vi) demonstrate an ability to compare and contrast the relative merits of a broad range of hearing aids.
- vii) demonstrate a comprehensive knowledge of feedback management techniques.
- viii) demonstrate a working knowledge of non-hearing aid rehabilitation options (assistive listening devices, cochlear implants, listening tactics and environment manipulation).

3. CLIENT CONTACT

3.1 Rapport with client

- i) demonstrate an ability to establish appropriate rapport with a difficult or distressed client and the client's family.
- ii) demonstrate an ability to accurately discern a client's communication needs and listening priorities.

3.2 Explain results to client

- i) demonstrate an ability to clearly and accurately explain to clients the extent and expected effect of their hearing disorder.
- ii) demonstrate an ability to ensure that a client has appropriately understood information that has been given him.

3.3 Determine course of action

- i) demonstrate an ability to formulate an appropriate course of action for the assessment and rehabilitation of a complex case.
- ii) demonstrate an ability to explain a proposed course of action and obtain the necessary informed consent from the client and the referring clinician (if applicable).
- iii) demonstrate an ability to prepare a written plan of action in easy to understand English.
- iv) demonstrate an ability to prepare a report for a third party that details the abilities, limitations and expectations of a client and which makes recommendations for ongoing care and management.

4. CLIENT ASSESSMENT

No requirements.

5. CLIENT TREATMENT

No requirements.

6. CLIENT REFERRAL

6.1 Referral procedures

- i) Have a comprehensive knowledge of inter-professional referral procedures.
- ii) Have a comprehensive knowledge of intra-professional referral procedures.

6.2 Referral etiquette and ethics

Agree to abide by the relevant codes of ethics and etiquette as determined from time to time by the Association.

7. Workplace Assessment

Must hold a relevant qualification in the Assessment of competency in the workplace

8. PROFESSIONAL CONTACT

8.1 Examination of competencies

Agree, subject to normal conditions such as conflict of interest, to examine the competency of other clinicians.

8.2 Supervision of candidates for examination of competencies

Agree, subject to normal conditions such as conflict of interest, to supervise members who are candidates for examination of competencies.

PART B - CLINICAL ADVISER

Persons who hold a competence as a Clinical Adviser are clinicians who have a detailed knowledge of hearing aids and their function. These persons would frequently be employed by a hearing aid wholesaling company to promote their product and offer clinical support to other clinicians including advise on the specific use and application of that company's product.

1. PREREQUISITES

1.1 Basic Assessment and Hearing Aid Dispensing (BHA/HRS)

Must have held a Basic Hearing Aid Dispensing (BHA/HRS) competency for at least two years.

2. THEORY

2.1 Knowledge of hearing aids

- i) demonstrate a comprehensive knowledge of the complete range of hearing aids of at least one manufacturer.
- ii) demonstrate a working knowledge of the range of at least three other manufacturers.
- iii) demonstrate an ability to compare and contrast the various attributes of the above hearing aids.

2.2 Knowledge of hearing aid design

- i) demonstrate a knowledge and understanding of hearing aid components and their function.
- ii) demonstrate a knowledge of current hearing aid research and design issues.
- iii) demonstrate an ability to critically assess and compare trends in the design of hearing aids.

2.3 Knowledge of hearing aid manufacturing

- i) demonstrate a working knowledge of the hearing aid manufacturing process for all classes of hearing aids (including BTE, ITE, ITC and CIC).
- ii) demonstrate a working knowledge of the mould/shall making process, including the range of materials from which they can be made.

2.4 Knowledge of hearing aid prescription techniques

- i) demonstrate a comprehensive knowledge and understanding of at least one of the recognised prescriptive fitting algorithms (eg NAL- NL2 NAL R,DSL i/o).
- ii) demonstrate a working knowledge and understanding of at least one other recognised prescriptive fitting algorithms.
- iii) demonstrate and ability to compare and contrast the prescriptive fitting algorithms.

2.5 Knowledge of hearing aid fitting procedures

- i) demonstrate a comprehensive knowledge of the complete range of devices recommended by one manufacturer
- ii) demonstrate a working knowledge of the range of fitting procedures recommended by at least one other manufacturer.
- iii)

2.6 Knowledge of Assistive Listening Devices

Demonstrate a knowledge of the range and sources of Assistive Listening Devices.

3. EDUCATION OF PRACTITIONERS

- i) demonstrate appropriate techniques for supporting and supplementing other practitioners' knowledge in the conduct of their practice.
- ii) demonstrate an ability to teach other practitioners all aspects of the Basic Hearing Aid Dispensing (BHA/HRS) competency.

PART C - HEARING CONSERVATION AND COMPENSATION

Persons who hold a competency in Hearing Conservation and Compensation are clinicians who, in addition to being competent in routine diagnostic assessment, are able to both recognise the potential medico-legal implications of any assessment and conduct an interview and assessment to a standard required to carry weight in a court of law. These clinicians are also able to discuss and make recommendations on treatment and rehabilitative options that might arise as a consequence of a compensation claim. In addition these persons are clinicians who are able to advise on hearing conservation programs.

1. PREREQUISITE REQUIREMENTS

1.1 Employment

Must have been employed as a clinician for a minimum of five years.

1.3 Basic Assessment and Hearing Aid Dispensing Competency (BHA/HRS)

Must hold Basic Hearing Aid Dispensing Competency (BHA/HRS).

2. THEORY

2.1 Causes of hearing loss

- i) demonstrate a comprehensive knowledge of the mechanism of workplace (including noise) induced hearing loss.
- ii) demonstrate an understanding of typical noise levels in various industries.
- iii) demonstrate a comprehensive understanding of the typical levels of hearing damage that may be incurred over time in major or commonly encountered industries.
- iv) demonstrate a comprehensive understanding of the causes of other workplace induced hearing loss.
- v) demonstrate a working knowledge of other causes of peripheral auditory system damage including the effects of drugs, physical trauma, tumours, medical conditions and ageing.
- vi) demonstrate a working knowledge of the typical audiometric patterns associated with damage caused by each of the above conditions.
- vii) demonstrate a working knowledge of the sources and effects of non-occupational (recreational) noise.

2.2 Anatomy of the ear

- i) demonstrate a comprehensive knowledge of the anatomy of the peripheral auditory system.
- ii) demonstrate a working knowledge of the neural pathways associated with the ear.

2.3 Assessment

- i) demonstrate a comprehensive knowledge of various techniques (including the Stenger procedure) for assessment of reluctant clients or clients who may have reason not to be totally honest in their responses.
- ii) demonstrate a working knowledge of the theory and application of Evoked Response Audiometry, including distortion product and/or transient otoacoustic emissions (OAE), Electrocochleography (EcochG), Auditory Brainstem Response (ABR) audiometry and Central Evoked Response (CERA) audiometry.
- iii) demonstrate a knowledge of the theory and application of each of the assessment procedures including pure tone audiometry, quantifiable speech audiometry, impedance audiometry, Weber, Rinne, and stapedius reflex tone decay.

2.4 Legislation

- i) demonstrate a comprehensive knowledge of any Federal legislation that concerns hearing loss, its prevention, monitoring and compensation.
- ii) demonstrate a comprehensive knowledge of any state legislation (in the state or territory of residence of the clinician) that concerns hearing loss, its prevention, monitoring and compensation.
- iii) demonstrate a working knowledge of any legislation from other states that concerns hearing loss, its prevention, monitoring and compensation.
- iv) demonstrate a working knowledge of applicable Australian Standards (eg AS 1269 – Acoustics – Hearing Conservation, Workplace Health and Safety (Noise) Compliance Standard 1995).
- v) demonstrate a working knowledge of appropriate rules of conduct for expert witnesses.

2.5 Noise reduction strategies

- i) demonstrate a working knowledge of the main strategies, used by industry, to minimise noise as an occupational hazard. These include engineering and administrative strategies to prevent, reduce or contain noise, and personal protection strategies such as ear muffs and ear plugs.
- ii) demonstrate a comprehensive knowledge of ear protection devices (including SLC_{80} rating, the classification system and its application) that are available to the public and where those items may be obtained.

2.6 Workplace noise assessment

demonstrate a working knowledge of the theory and techniques associated with making a detailed assessment of noise in the workplace.

2.7 Industry hearing standards

- i) demonstrate a working knowledge of the particular minimum hearing standards of common industries (eg commercial pilots, merchant seamen)
- ii) have access to details of the particular minimum hearing standards for a comprehensive range of specific industries.
- iii) have a comprehensive understanding of the legal implications of hearing standards.

3. CLIENT CONTACT

3.1 Rapport with client

demonstrate an ability to establish appropriate rapport with a difficult or distressed client and the client's family.

3.2 Determine a course of action

- i) demonstrate an ability to formulate an appropriate course of action for the assessment of a compensation claim.
- ii) demonstrate an ability to explain a proposed course of action and obtain the necessary informed consent from the client and the referring agency (if applicable).

3.3 Explain procedure to client

- i) demonstrate an ability to clearly and accurately explain to a client the results of a compensation claim assessment including the degree of any hearing loss detected and its expected effects.
- ii) demonstrate an ability to ensure that a client has appropriately understood information that has been given him.

4. CLIENT ASSESSMENT

4.1 Client history

- i) obtain a comprehensive audiological and medical history.
- ii) obtain a detailed work history, including industry types, employer names, relevant starting dates, nature of the actual work performed and finishing or retirement dates.
- iii) obtain a history of non-occupational noise exposure.
- iv) obtain a history of the use and effectiveness of personal ear protection strategies.
- v) obtain details of any previous claim history.
- vi) obtain details of any history of hearing aid usage or other use of amplification.

4.2 Otoscopy

- i) identify likelihood of canal collapse and take appropriate measures to eliminate its effect.
- ii) identify likely interference to results from cerumen and take appropriate measures to eliminate its effect.

4.3 Test procedure

- i) perform an audiological assessment in a way that minimises cues to a client that may allow or encourage exaggeration.
- ii) perform an audiological assessment in a manner to maximise test accuracy, including a high rate of consistency checks (such as test/retest variability) to determine the reliability of subjective responses obtained.
- iii) perform (or have ready access to) a range of evoked response assessments including at least CERA, but preferably OAEs, EcochG and ABR audiometry as well.

4.4 Workplace assessment

demonstrate an ability to perform a screening assessment of workplace noise.

4.5 Interpretation of results

- i) demonstrate an understanding of the results obtained, with particular view to ensuring reliability of precise thresholds measured, and the overall cohesion of these thresholds with the other components of the assessment, including the history.
- ii) demonstrate an ability to identify behaviours, attitudes and patterns of test results that indicate a failure of a client to fully co-operate with test procedures.
- iii) demonstrate an understanding of the legal ramifications of the results, as pertains to the client's particular circumstances.
- iv) determine if further testing is required, specifically with respect to the use of objective assessment techniques such as CERA and ABR.

5. CLIENT TREATMENT**5.1 Aural rehabilitation and management**

- i) demonstrate the ability to recognise when it might be appropriate to embark upon, or continue with, a program of rehabilitation.
- ii) demonstrate the ability to determine when there is the potential for a conflict of interest between client, clinician and interested third parties, and to take appropriate measures to avoid the situations whilst maintaining absolute impartiality of opinion.

5.2 Hearing conservation

- i) demonstrate an ability to establish and conduct a hearing conservation program.
- ii) demonstrate an ability to offer advice to clients on personal hearing protection.
- iii) demonstrate an ability to recommend workplace changes, work function changes (including termination of employment) and other relevant guidance to minimise industrial hazard to the client and his/her workmates.

6. CLIENT REFERRAL**6.1 Identify the need for referral**

- i) demonstrate an ability to recognise when further assessment is required.
- ii) demonstrate an ability to explain why a referral for further testing was necessary.

6.2 Referral procedures

- i) have a comprehensive knowledge of inter-professional referral procedures.
- ii) have a comprehensive knowledge of intra-professional referral procedures.

7. PROFESSIONAL CONTACT**7.1 Report writing**

write reports of sufficient detail to appropriately answer questions concerning reliability of results, need for further assessment (either medical or audiological), amplification requirements, plausible causes of any hearing loss found and potential liability for that loss (as pertains to the applicable legislation) relevant to a particular client.

7.2 Analysis of other reports

- i) demonstrate an ability to interpret and critically analyse reports written by a third party that concern a client who has been assessed.
- ii) demonstrate an ability to interpret and critically assess reports written about the workplace noise environment of a client.

PART D - PAEDIATRIC ASSESSMENT

Persons who hold a competency in Paediatric Assessment are clinicians who, in addition to being competent in general diagnostic assessment, have specific additional training and experience in the assessment of young children. These persons often have additional experience in the assessment of multiply handicapped persons.

1. PREREQUISITE REQUIREMENTS

Must have held Advanced Diagnostic Assessment and Rehabilitation competency for at least two years.

1. THEORY**1.1 Assessment conditions**

Demonstrate knowledge of the physical environment required to perform paediatric audiometric assessments of all types.

1.2 Causes of hearing loss

- i) demonstrate a comprehensive knowledge of the causes of congenital hearing loss.
- ii) demonstrate a comprehensive knowledge of conductive hearing loss.

1.3 Assessment procedures

Demonstrate a thorough theoretical background of all units of this competency.

2. CLIENT CONTACT**2.1 Establish rapport with client**

- i) develop appropriate rapport with child.
- ii) develop appropriate rapport with child's parents.

2.2 Take client history

- i) gather relevant background information, particularly with regard to any incident that may have given rise to a congenital hearing loss.
- ii) inquire parents opinion of the possibility of a hearing loss.
- iii) inquire about another known medical or physical condition that the child may have, particularly with regard to syndromes or conditions that are known to be frequently allied with hearing loss.

2.3 Use effective communication strategies

- i) demonstrate effective use of interactive techniques appropriate to children.
- ii) demonstrate ability to use age appropriate communication.
- iii) demonstrate ability to use intellectually appropriate communication.

2.4 Identify client concerns

- i) determine areas a of child/parent concern.
- ii) discuss concerns with parents.

2.5 Explain outcome of investigations

explain outcome of investigations to parents.

2.6 Determine a course of action

- i) consider available options that support child's needs.
- ii) discuss and explain options and issues with parents.
- iii) explore alternatives suitable to child with parents.
- iv) determine a course of action.
- v) gain informed consent from parents where applicable.

3. CLIENT ASSESSMENT**3.1 Client history**

identify significant features of client history.

3.2 Determine test format

- i) select a range of suitable tests.
- ii) explain processes and procedures to child/parent.

3.3 Audiological examination

- i) demonstrate correct use of otoscope with children.
- ii) perform noisemakers.
- iii) perform VROA (COR).
- iv) perform play audiometry.
- v) perform paediatric speech tests.

3.4 Interpretation of results

- i) demonstrate an understanding of results obtained for each test.
- ii) determine if further testing is required.
- iii) demonstrate an ability to compare test results to ensure they are cohesive.

4. CLIENT TREATMENT

No requirements.

5. CLIENT REFERRAL**5.1 Identify need for referral**

- i) identify need for otoacoustic emission assessment.
- ii) identify need for electroacoustic assessment.
- iii) identify need for hearing aids.
- iv) identify need for medical referral.
- v) demonstrate an understanding of the limits of own abilities and the need for appropriate referral to other sources of assessment and treatment, both audiological and in other areas of speciality.
- vi) discuss referral with client.
- vii) explain process to client.

5.2 Identify appropriate resource

- i) demonstrate a knowledge of appropriate agencies and individuals to whom a child might be referred if required.
- ii) refer child to appropriate agency or individual.

5.3 Liaise with resource

- i) develop an appropriate relationship with the above agencies and individuals.
- ii) establish contact with resource.
- iii) provide key information to resource.
- iv) discuss relevant issues and concerns with resource.

5.4 Monitor and follow-up referral

- i) liaise with resource to ensure continuity of case management.
- ii) maintain channel of communication with parents.
- iii) review outcomes of referral with parents.

6. PROFESSIONAL CONTACT**6.1 Report writing**

write comprehensive reports on the nature of a child's condition, recommendations for treatment and rehabilitation, any treatment or rehabilitation that has been undertaken and future expectations for the child.

PART E - TINNITUS ASSESSMENT AND MANAGEMENT

Persons who hold a competence in Tinnitus Assessment and Management are clinicians or researchers who have specific training and interest in the identification of the various types and manifestations of tinnitus, the use of tinnitus management techniques and the counselling of persons who have tinnitus that affects their lifestyle.

1. PREREQUISITE REQUIREMENTS**1.1 Employment**

Must have been employed in clinical practice or in audiological research for a minimum of five years.

1.2 Basic Competencies

Must have held Advanced Diagnostic Assessment and Rehabilitation competency for at least two years.

1.3 Further study

Must have completed an approved course of study in the field of tinnitus assessment and management.

2. THEORY**2.1 Anatomy**

- i) Demonstrate a comprehensive knowledge of the anatomy (both normal and abnormal) and functioning of the cochlear.
- ii) Demonstrate a working knowledge of the vestibular system.
- iii) Demonstrate a working knowledge of the auditory neural pathway.
- iv) Demonstrate a working knowledge of neural function and causes and effects of factors that can disrupt and alter normal neural function.
- v) Demonstrate a working knowledge of the anatomy of the temporo-mandibular joint and the causes and effects of factors that can disrupt the normal function of the temporo-mandibular joint.

2.2 Causes of Tinnitus

- i) Demonstrate a comprehensive knowledge of the known causes of tinnitus and the types of tinnitus that typically occur with these causes.
- ii) Demonstrate a comprehensive knowledge of the known factors that can cause enhancement of tinnitus.

3. CLIENT CONTACT

3.1 Rapport with client

- i) Establish appropriate rapport with the client and, where appropriate, the client's family.
- ii) Obtain a detailed client history with particular emphasis on looking for clues that might indicate the need for referral to other professional or which might lead to a specific treatment strategy.
- iii) Obtain a detailed picture of the client's perception of the degree of distress caused by the tinnitus.
- iv) Formulate an appropriate course of action for assessment of the type and degree of a client's tinnitus, including, where appropriate, the involvement of other professionals.
- v) Obtain informed consent from the client.

3.2 Explain results to client

- i) Appropriately explain to a client the extent and degree of their tinnitus.
- ii) Where appropriate, relate the tinnitus to other disorders that may be present (particularly the type and degree of hearing loss).

3.4 Determine a course of action

- i) Integrate results and formulate a rehabilitative plan including a sequence of treatments and training strategies along with criteria for success or failure and the criteria for progressing to the next step of the program.
- ii) Where required, formulate a written plan of action in easy to understand English.
- iii) Obtain informed consent from the client.
- iv) Where appropriate, prepare a report for a third party that details the type and extent of the tinnitus, the degree of apparent handicap to the client, a proposed course of rehabilitation including short, medium and long term aims and objectives.

4. CLIENT ASSESSMENT

4.1 Tinnitus matching

- i) Perform tinnitus matching, including pitch and intensity matching.
- ii) Establish minimum masking levels for both broad and narrow band stimuli.
- iii) Examine and quantify the extent of residual inhibition, both total and partial.

4.2 Otoscope inspection

Perform an otoscopic inspection to establish the presence of absence of a physical cause for the tinnitus; ingrown hair, exostoses, vascular dilation.

4.3 Temporo-Mandibular Joint function

Perform a screening assessment of Temporo-Mandibular Joint function.

4.4 Neck and back function

Perform a screening assessment of neck and back mobility.

4.5 Obtain a detailed list of client's drug regime

- i) Obtain a list of a client's past history of drug usage with particular emphasis on drugs that are known to cause tinnitus.
- ii) Obtain a list of a client's current drug usage with particular emphasis on drugs that are known to cause or enhance tinnitus.

4.6 Stress evaluation

Perform a brief evaluation of a client's stress levels.

5. CLIENT TREATMENT**5.1 Reassurance and general management techniques**

- i) Advise a client on current knowledge of the causes of tinnitus, its incidence and its effects.
- ii) Advise client on current known exacerbators of tinnitus.
- iii) Offer general advice on diet to minimise aggravation of tinnitus.
- iv) Offer advice on stress management.

5.2 Hearing aid fitting

Where appropriate, fit suitable hearing aids.

5.3 Distraction techniques

Counsel client on recognised distraction management techniques including the use of relaxation methods and sport.

5.4 Informal masking techniques

Counsel client on the use of informal masking techniques.

5.5 Fitting of tinnitus maskers and sound generators

- i) Select and fit suitable tinnitus maskers or sound generators.
- ii) Where appropriate, fit suitable combination hearing aid/ sound generator units.

5.6 Drug management of tinnitus

Where appropriate, counsel client on the use of tinnitus management drugs and the process for obtaining these drugs.

6. CLIENT REFERRAL**6.1 Referral procedures**

- i) Maintain a comprehensive list of members of other professions who can be called upon to assist in the management of tinnitus.
- ii) Have a comprehensive knowledge of inter-professional referral procedures.
- iii) Have a comprehensive knowledge of intra-professional referral procedures.

6.2 Referral etiquette and ethics

Agree to abide by the relevant codes of ethics and etiquette as determined from time to time by the *ACAud*.

7. PROFESSIONAL CONTACT**7.1 Report writing**

- i) Write comprehensive reports, appropriately worded for the level of knowledge of the intended recipient. Wherever appropriate, reports should be written in a manner to enhance the knowledge of the recipient.
- ii) Make appropriate recommendations for further assessment or treatment.

APPENDIX TWO

MAINTENANCE REQUIREMENTS

Adopted 23/03/98, last amended 18/3/05

1. INTRODUCTION

- 1.1 Persons who hold a competency attained in accordance with By-Law 97-5 (Competency Standards) will be required to comply with certain criteria on an ongoing basis if they are to be recognised by ACAud as remaining competent.
- 1.2 These criteria fall into two broad areas (employment and educational) and practitioners are to be required to comply with both. As a general principle practitioners must have employment that allows them to exercise a competency and they must undergo education that allows them to keep abreast of current trends so that any developments in the field of competency can be learned and implemented.
- 1.3 In addition as a general principle, the more advanced the service offered by a particular practitioner, the more up-to-date that practitioner must be. Therefore a person who holds an extended competency will need to ensure their knowledge in that area is current and the criteria for maintenance of the competency are therefore more strict.
- 1.4 However, desirable as it may or may not be, it is not the intention of these requirements to attempt to force practitioners to obtain new competencies, but rather to simply ensure that those competencies held are current in both theory and practice.

2. EMPLOYMENT CRITERIA

2.1 Type of Employment, general requirements

- i) In general terms, a practitioner must be employed in either clinical practice, clinical research or as a clinical educator that is appropriate to the competency being maintained. For example a clinician working as a practitioner in a hospital setting where hearing aids are not fitted would be considered to be employed for the purposes of maintaining the Basic Diagnostic Competency (BDA/DRS), but not for the Basic Hearing Aid Assessment and Fitting Competency (BHA/HRS).
- ii) Specific requirements for particular competencies are detailed below.

- ii) For the purposes of this section a practitioner who is employed either as a clinician in a clinical practice, or is employed in clinical research, or is employed as an educator of students of clinical practice, are considered to be employed in clinical practice. A person employed in an administrative capacity without regular clinical work, clinical research or teaching is not considered to be employed in clinical practice. Where a practitioner is employed in both capacities, only that portion of clinical work is considered.

2.2 Competency specific requirements

2.2.1 Restricted Competencies

Any area of clinical practice in hearing services.

2.2.2 Basic Competencies

- i) Hearing Aid Assessment and Fitting

Clinical practice that includes the fitting of hearing aids.

- ii) Advanced Diagnostics and Rehabilitation

Clinical practice that includes regular (an average of at least monthly) site of lesion assessments, AND

Clinical practice that includes regular (an average of at least monthly) performance of at least one of the following assessments:- neuro-electrical function, vestibular function, central auditory processing.

- ii) Advanced Rehabilitation

Clinical practice that includes the regular (at least monthly) consultation of clients requiring special assistance for hearing aid fitting and management, AND

Clinical practice that includes regular use of at least one of cochlear implants, vibro-tactile devices or assistive listening devices, AND

Clinical practice that is equipped to permit a comprehensive range of assessment

2.2.3 Extended Competencies

- i) Consultant Clinician

No specific additional requirements.ii) Clinical Adviser

No specific additional requirements.

- iii) Hearing Conservation and Compensation

Clinical practice that includes the regular (on average at least monthly) assessments for legal compensation purposes.

iv) Paediatric Assessment

Clinical practice that includes the regular (on average at least monthly) assessment of young children using Visual Reinforcement Audiometry techniques, AND

Clinical practice that includes the regular (on average at least monthly) assessment of children using play audiometry techniques, AND

Clinical practice that includes the regular (on average at least monthly) assessment of children under twelve years of age.

v) Tinnitus Assessment and Management

Clinical practice that includes the regular (on average at least monthly) assessment of the type and extent of tinnitus, the regular counselling of clients who suffer from tinnitus and the regular development of and implementing of tinnitus management strategies.

2.3 Employment duration

2.3.1 Restricted competencies

A practitioner who holds a restricted competency must be employed for a minimum of 200 hours per year in clinical practice in that competency in order to maintain the competency.

2.3.2 Basic competencies:

- (i) A practitioner who holds a Basic competence must be employed for a minimum of 200 hours per year in clinical practice in that competency in order to maintain the competency.
- (ii) A practitioner may be unemployed for one period of up to two years in any five year period

2.3.3 Extended Competencies

- i) In any twelve month period, a practitioner must be employed at least 20 hours
- ii) A practitioner may be unemployed for one period of up to one year in any one period of five years.

3 EDUCATIONAL CRITERIA

3.1 Restricted Competencies

In any two year collection period, attend at least one full day or two half day approved seminars on a topic appropriate to the competency, OR
In any period of two years, attend at least one approved conference.

3.2 Basic Competencies

3.2.1 Maintenance of a Basic Competency

3.2.1.1 In order to maintain a Basic Competency, a member must, in any period of two years;

- i) attend at least eighty per cent (80%) or more of one Approved Conference; AND
- ii) earn a minimum of 50 Continuing Education Points (“CEP”) each two year period year. These 50 points may include points for attendance at an approved conference under 3.2.1 (i).

3.2.1.2 In extraordinary circumstances where a Member is unable to meet the CEP requirements, that person must as soon as reasonably possible, make a submission to the Board of Directors through the Secretariat, stating the reason for non-compliance. The Board of Directors or their appointed representative may assess the submission and if thought fit, direct the member, in writing, to complete such activities as determined by the Board of Directors or their appointed representative in order to make good the CEP requirements.

3.2.1.3 If parental leave is taken, the CEP requirement may be reduced to a maximum of 50% of the normal requirement for a 12 month absence

3.2.2 CEP

3.2.2.1 CEP are awarded for Approved Activities and Approved Conferences.

3.2.2.2 The Board of Directors will determine, from time to time

- i) what are Approved Activities;
- ii) what are Approved Conferences; and
- iii) the number of CEP that will be awarded for any particular Approved Activity or Approved Conference.

3.2.3 Biennial Competency Return

CEP must be documented on the Biennial Competency Return (“Return”).The return;

- i) will be forwarded or made available via electronic means to members each two year collection period with sufficient time for the return to be completed and kept safe for audit purposes;
- ii) must be substantiated by appropriate and complete documentation. It remains the responsibility of the member to hold sufficient and appropriate documentation;
- iii) must be held by the member for a minimum period of six (6) years for auditing purposes along with supporting documentation;

- 3.2.3.1.1 Appropriate and complete documentation to substantiate the Annual Competency Return must be submitted upon the request of the Secretariat.
- 3.2.3.1.2 The Secretariat has the right to exclude from the record those points for which documentation is not available.

3.3 Extended Competencies

In order to maintain an Extended Competency, a Member must:

- 3.3.1 In each period of three years, demonstrate special expertise or experience in a particular competency by submitting evidence of work history and/or supporting references from fellow providers; AND
- 3.3.2 In any three year period supply supportive documentation in the form of a work history, log book or appointment book which:
 - i) documents how the member has practised in the competency; and
 - ii) demonstrates that the member has worked a minimum of 20 hours in each twelve month period in the field of the claimed competency

4 REINSTATEMENT OF LAPSED COMPETENCIES

4.1 Less than two years since lapse

4.1.1 When a practitioner who has been recognised in a competency, has that competency lapse in accordance with the requirements of paragraph 9.2.2 of By-Law 97-5 (Competency Standards) AND when the time since the lapse is less than two years AND when a practitioner is again in a situation where the requirements are met,
THEN
the practitioner may apply for reinstatement of the competency.

4.1.2 In this situation the practitioner is to apply in writing to the Secretariat setting out details of the compliance with the requirements and upon appropriate verification by the Secretariat, the competency will be reinstated.

4.2 Other Lapses

In all other cases where the competency has lapsed, a practitioner is to apply for recognition of the competency in accordance with the requirements of the By-Law, as though it was a new application excepting that any requirement for supervision will be reduced to a period of three months.

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